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,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1, DC 20003-1207	ATT.				(Depositor's name)	
		THAPE				(Signature)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/674,537	10/01/2003		Yoshinori Fukuda		040894-5963	5351	
TITLE OF INVENTION: ORGANIC ELECTROLUMINESCENE DISPLAY ORGANIC ELECTROLUMINESCENT DISPLAY HAVING TWO REFLECTING PORTIONS FOR REDUCING INTENSITY REFLECTANCE OF THE EXTERNAL LIGHT BY AN OPTICAL INTERFERENCE EFFECT (AS AMENDED)							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	02/28/2007	
EXAMINER ART UNIT			CLASS-SUBCLASS			•	
WON, BUMSUK 2879			313-506000	,			
CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind	ication (or "Fee Address"	nge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to the 12 registered patent attorneys or agents of up to the 13 listed, no name will be printed.				
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON T			THE DATENT (print on town	01 FC:1501		1400.00 OP	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Pioneer Cor		· · · · · · · · · · · · · · · · · · ·	Tokyo, Japan				
lease check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 😾 Corporation or other private group entity 🚨 Government							
a. The following fee(s) a Issue Fee Publication Fee (N Advance Order - #	To small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. (any deficiencies) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-05/3 (enclose an extra copy of this form).				
. Change in Entity Status (from status indicated above)							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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Authorized Signature	In In			Date February 21, 2007			
Typed or printed name	John G. Smit	:h	Registration No. 33,818				

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